

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/Sp 61-391	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1	2				
4	1	2				
5	1	2				
6	②	1				
7	1	④				
8	②	1				
9	1	1				
10	1					
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TOTAL IND.	1	↓	↓	↓		
TOTAL DEP.	9	←	←	←		
TOTAL CLAIMS	10					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						